

WRITE PLAIN. WITH L. N. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, giving the number of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 148
Registered No. 266

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Globe or Village _____
City _____ No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Burton Wilbur Cameron

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 10-5-25
Month Day Year

8. FATHER
Full name Harold Lincoln Cameron
9. Residence (Usual place of abode) Tucson, Ariz.
If non-resident, give place and state. _____
10. Color or race white
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Flagstaff
(State or country) Arizona
13. Occupation Standard Oil Employee
Nature of industry _____

14. MOTHER
Full maiden name Katharine Helen Harbison
15. Residence (Usual place of abode) Tucson, Ariz.
If non-resident, give place and state. _____
16. Color or race white
17. Age at last birthday 21 (Years)
18. Birthplace (city or place) Tombstone
(State or country) Arizona
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:00 A m. on the date above stated
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams
Globe, Arizona
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Address _____
Filed 10/31 25 W. W. Horsh
Registrar _____ Registrar

235-1005-285